

# Indiana Patient Registry Training

Entering Patient Information – Trauma Incident Form (Full  
Record)

# Demographics Screen

Demographics

Injury

Pre-Hospital

Referring

ED / Acute Care

Initial Assessment

Diagnosis

Comorbidity

Procedures

Complications / PI

Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Mark A

Medical Record Number123456789

Trauma Registry #IT-120813-116

Injury Date

Incident DateTime

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth01 / 01 / 1990

Race:

American Indian

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Other Race

Height in inches:

Address

CountryUnited States

Alternate ResidenceNot Applicable

Would you like to participate in the follow up survey?

No

Facility Defined Questions

Was this a gunshot wound?----Select One----

Social Security #

SSN is not available

Age (at date of incident):

Age Units:Not Applicable

Ethnicity:

Not Hispanic or Latino

Gender:

Female

Estimated Body Weight:

lbs

Kg

Favorite Locations

Postal Code47130

CityJeffersonville

CountyClark

StateIndiana

LookUp

Save

Save and Continue

# Demographics Screen – Date/Time Helper

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI	C
--------------	--------	--------------	-----------	-----------------	--------------------	-----------	-------------	------------	--------------------	---

[Edit Incident](#) » [Trauma Incident Form \(Full Record\)](#) » IT-120813-116 [Mark As](#)

Medical Record Number123456789\*

Trauma Registry #IT-120813-116\*

Injury Date

Incident DateTime\*

Patient Information

Last Name

Patient's First Name

Middle Initial

Date of Birth01 / 01 / 1990\*

Race:

American Indian

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Other Race

Selection is limited to 2

Social Security #

SSN is not available

Age (at date of incident):

Age Units:Not Applicable\*

Ethnicity:Not Hispanic or Latino\*

Gender:Female\*



# Demographics Screen – Date/Time Helper (2)

---



**Auto Populate Date Fields**

Incident Date

This date/time will be used to auto-populate the fields listed below.  
(Click on the Label to populate)

	Dates	Times
Date Arrived in ED/Acute Care	<input type="text"/>	<input type="text"/>
Date Discharged from ED	<input type="text"/>	<input type="text"/>
Date Sent To CT	<input type="text"/>	<input type="text"/>
Abdominal Ultrasound Date	<input type="text"/>	<input type="text"/>
Date Trauma Team Activated	<input type="text"/>	<input type="text"/>
Blood Ordered Date	<input type="text"/>	<input type="text"/>
Crossmatch Date	<input type="text"/>	<input type="text"/>
Blood Administered Date	<input type="text"/>	<input type="text"/>

You can click into any date field to change to a different date or to delete the auto-populate

 Save  Close

Favorite Locations





# Demographics Screen – Other Race

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

01 / 01 / 1990 \*

Age (at date of incident):

 \*

Age Units:

Not Applicable

 \*

Race:

American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
**Other Race**

Selection is limited to 2

Other Race

Ethnicity:

Not Hispanic or Latino

 \*

Gender:

Female

 \*

Height in inches:

 \*

Height:

 \*

Estimated Body Weight:

 lbs  Kg \*

Address

Country

United States

 \*

Favorite Locations

Postal Code

47130

☐ Add to Favorite Locations

City

Jeffersonville

 \*

County

Clark

 \*

State

Indiana

 \*

Alternate Residence

Not Applicable

 \*

Would you like to participate in the follow up survey?

No

Lookup

**Facility Defined Questions**

Was this a gunshot wound?

----Select One----

Save

Save and Continue

# Demographics Screen – Add to Favorite Locations

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

01 / 01 / 1990 \*

Age (at date of incident):

 \*

Age Units:

Not Applicable

 \*

Race:

American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race

Selection is limited to 2

Other Race

Ethnicity:

Not Hispanic or Latino

 \*

Gender:

Female

 \*

Height in inches:

 \*

Height:

 \*

Estimated Body Weight:

 lbs  Kg \*

Address

Country

United States

 \*

Favorite Locations

Postal Code

47130

☐ Add to Favorite Locations

City

Jeffersonville

 \*

County

Clark

 \*

State

Indiana

 \*

Lookup

Alternate Residence

Not Applicable

 \*

Would you like to participate in the follow up survey?

No

Facility Defined Questions

Was this a gunshot wound?

----Select One----

Save

Save and Continue

# Demographics Screen – Lookup

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

01 / 01 / 1990 \*

Age (at date of incident):

 \*

Age Units:

Not Applicable

 \*

Race:

American Indian  
Asian  
Black or African American  
Native Hawaiian or Other Pacific Islander  
Other Race

Selection is limited to 2

Other Race

Ethnicity:

Not Hispanic or Latino

 \*

Gender:

Female

 \*

Height in inches:

 \*

Height:

 \*

Estimated Body Weight:

 lbs  Kg \*

Address

Country

United States

☐ Add to Favorite Locations

City

Jeffersonville

 \*

County

Clark

 \*

State

Indiana

 \*

Favorite Locations

Postal Code

47130

Alternate Residence

Not Applicable

 \*

Would you like to participate in the follow up survey?

No

Lookup

**Facility Defined Questions**

Was this a gunshot wound?

----Select One----

Save

Save and Continue

# Demographics Screen – Lookup (2)

**Social Security #**

### Lookup

To search for a location, enter as much information as known and click on the "Search" button. Click on the location desired to populate the run form.

**State**

**County**

**City**

**Postal Code:**

City	County	State ▲	Postal Code
Adams (County)	Adams	IN	
Berne	Adams	IN	46711
Berne	Adams	IN	46769
Bingen	Adams	IN	
Blue Creek (Township of)	Adams	IN	
Bobo	Adams	IN	
Ceylon	Adams	IN	46740
Coppess Corner	Adams	IN	46772
Decatur	Adams	IN	46733
Elm Tree Crossroads	Adams	IN	

# Demographics Screen – Save & Continue

**Patient Information**

Last Name

Patient's First Name

Middle Initial

Social Security #

☐ SSN is not available

Date of Birth

01 / 01 / 1990 \*

Age (at date of incident):

\*

Age Units:

Not Applicable

 \*

Gender:

Female

 \*

Race:

American Indian

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Other Race

 \*

Ethnicity:

Not Hispanic or Latino

 \*

Other Race

Selection is limited to 2

Height in inches:

\*

Height:

\*

Estimated Body Weight:

lbs  Kg \*

Address

Country

United States

 \*

Favorite Locations

Postal Code

47130

☐ Add to Favorite Locations

City Jeffersonville \*

County Clark \*

State Indiana \*

Lookup

Alternate Residence

Not Applicable

 \*

Would you like to participate in the follow up survey?

No

**Facility Defined Questions**

Was this a gunshot wound?

----Select One----

Save

Save and Continue

# Injury Screen – E-Code Lookup

Cause of injury			
E-Code	Description	Intentionality	Trauma Type
No Cause of Injury Has Been Entered			
E-Code: <input type="text"/> <input type="button" value="Lookup"/>			
<input type="button" value="Add COI"/> <input type="button" value="Save Order"/>			

Equipment														
Airbag Present:	<input type="text" value="Not Applicable"/>	*	Child Restraint	<input type="text" value="Not Applicable"/>	*	Three Point Restraint	<input type="text" value="Not Applicable"/>	*	Lap Belt:	<input type="text" value="Not Applicable"/>	*	Shoulder Belt:	<input type="text" value="Not Applicable"/>	*
Personal Floatation:	<input type="text" value="Not Applicable"/>	*	Eye Protection	<input type="text" value="Not Applicable"/>	*	Helmet:	<input type="text" value="Not Applicable"/>	*	Protective Clothing:	<input type="text" value="Not Applicable"/>	*	Protective Non-Clothing Gear:	<input type="text" value="Not Applicable"/>	*
Other:	<input type="text" value="Not Applicable"/>	*												

Facility Defined Questions	
Was the Patient involved in a Snowmobile accident?	<input type="text" value="....Select One...."/>
Was the patient pregnant?	<input type="text" value="....Select One...."/>
ImageTrend Test	<input type="checkbox"/>



# Injury Screen – E-Code Lookup (2)

**ICD-9 Code Lookup - Cause of Injury**

**Cause of Injury - ICD-9 Code Lookup**

[Search By Code](#) [Browse By Category](#) [Top Selected Codes](#)

To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.

**ICD-9 Cause of Injury**

-- Please Select --

Clear

Close

# Injury Screen – E-Code Lookup (3)

ICD-9 Code Lookup - Cause of Injury

Cause of Injury - ICD-9 Code Lookup

Search By Code

Browse By Category

Top Selected Codes

To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below.

Search By Code

ICD-9 Code:

E

Description:

contains an

Search

Clear

Close



# Injury Screen – E-Code Lookup (4)


ICD-9 Code Lookup - Cause of Injury

Cause of Injury - ICD-9 Code Lookup

Search By Code

Browse By Category

Top Selected Codes

Click the  below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description	Frequency
E885.9	Fall Oth	2646
E888.9	Unspec Fall	1973
E812.0	Mva Collision Unspec Driver	643
E880.9	Fall On Stair/step Oth	503
E884.9	Fall One Level To Anoth	309
E888.8	Oth Fall	273
E917.9	Struck By Obj/person Oth	266
E812.1	Mva Collision Unspec Passenger	260
E888.1	Fall Against Oth	212
E966	Assault Cutting Instr	204
E816.0	Loss Control Mva Acc Driv	202
E811.0	Reentrant Mva Collision Driver	201
E881.0	Fall From Ladder	193
E928.8	Accident Oth	178
E884.4	Fall From Bed	170
E956	Suicide Injury By Cut Inst	169
E960.0	Unarmed Fight Or Brawl	160
E928.9	Accident Unspec	153
E886.9	Fall On Level Oth	150

Close

# Injury Screen – Cause of Injury

**Cause of injury**

	E-Code	Description	Intentionality	Trauma Type	
⬆	E985.0	(Primary) Assault Handgun	Assault	Penetrating	✖
⬆	E888.8	Oth Fall			✖

E-Code:

**Equipment**

Airbag Present:  \*

Child Restraint:  \*

Three Point Restraint:  \*

Lap Belt:  \*

Shoulder Belt:  \*

Personal Floatation:  \*

Eye Protection:  \*

Helmet:  \*

Protective Clothing:  \*

Protective Non-Clothing Gear:  \*

Other:  \*

**Facility Defined Questions**

Was the Patient involved in a Snowmobile accident?

Was the patient pregnant?

ImageTrend Test ☐

# Injury Screen – Cause of Injury (2)

**Cause of injury**

	E-Code	Description	Intentionality	Trauma Type	
⬆	E985.0	(Primary) Assault Handgun	Assault	Penetrating	✖
⬆	E888.8	Oth Fall			✖

E-Code:

**Equipment**

Airbag Present:  \*

Child Restraint:  \*

Three Point Restraint:  \*

Lap Belt:  \*

Shoulder Belt:  \*

Personal Floatation:  \*

Eye Protection:  \*

Helmet:  \*

Protective Clothing:  \*

Protective Non-Clothing Gear:  \*

Other:  \*

**Facility Defined Questions**

Was the Patient involved in a Snowmobile accident?

Was the patient pregnant?

ImageTrend Test ☐



# Injury Screen – Airbag Present

**Cause of injury**

	E-Code	Description	Intentionality	Trauma Type	
⌵	E985.0	(Primary) Assault Handgun	Assault	Penetrating	✖
⌵	E888.8	Oth Fall			✖

E-Code:

**Equipment**

Airbag Present:	Yes	*	Child Restraint:	Not Applicable	*	Three Point Restraint:	Not Applicable	*	Lap Belt:	Not Applicable	*	Shoulder Belt:	Not Applicable	*
Airbag not Deployed:	Not Applicable	*	Airbag Deployed Side:	Not Applicable	*	Airbag Deployed Front:	Not Applicable	*	Airbag Deployed Other:	Not Applicable	*			
Personal Floatation:	Not Applicable	*	Eye Protection:	Not Applicable	*	Helmet:	Not Applicable	*	Protective Clothing:	Not Applicable	*	Protective Non-Clothing Gear:	Not Applicable	*
Other:	Not Applicable	*												

**Facility Defined Questions**

Was the Patient involved in a Snowmobile accident?	....Select One....	Was the patient pregnant?	....Select One....
ImageTrend Test	<input type="checkbox"/>		



# Injury Screen – Child Restraint

**Cause of injury**

	E-Code	Description	Intentionality	Trauma Type	
⬆	E985.0	(Primary) Assault Handgun	Assault	Penetrating	✖
⬆	E888.8	Oth Fall			✖

E-Code:

**Equipment**

Airbag Present:	Not Applicable	*	Child Restraint:	Yes	*	Three Point Restraint:	Not Applicable	*	Lap Belt:	Not Applicable	*	Shoulder Belt:	Not Applicable	*
Infant Car Seat:	Not Applicable	*	Child Car Seat:	Not Applicable	*	Child Booster Seat:	Not Applicable	*						
Personal Floatation:	Not Applicable	*	Eye Protection:	Not Applicable	*	Helmet:	Not Applicable	*	Protective Clothing:	Not Applicable	*	Protective Non-Clothing Gear:	Not Applicable	*
Other:	Not Applicable	*												

**Facility Defined Questions**

Was the Patient involved in a Snowmobile accident?

Was the patient pregnant?

ImageTrend Test ☐



# Injury Screen – Safety Equipment Description

Cause of injury				
	E-Code	Description	Intentionality	Trauma Type
↑	E985.0	(Primary) Assault Handgun	Assault	Penetrating
↓	E888.8	Oth Fall		

E-Code:

---

### Equipment

Airbag Present:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Child Restraint	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Three Point Restraint	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Lap Belt:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Shoulder Belt:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*
Personal Floatation:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Eye Protection	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Helmet:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Protective Clothing:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*	Protective Non-Clothing Gear:	<input type="text" value="Not Applicable"/>	<input type="button" value="v"/>	*
Other:	<input type="text" value="Yes"/>	<input type="button" value="v"/>	*	Safety Equipment Description: <input type="text"/>															

---

### Facility Defined Questions

Was the Patient involved in a Snowmobile accident?	<input type="text" value="----Select One----"/>	<input type="button" value="v"/>	Was the patient pregnant?	<input type="text" value="----Select One----"/>	<input type="button" value="v"/>
ImageTrend Test		<input type="checkbox"/>			


# Pre-Hospital Screen – EMS Service

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode
No EMS Runs Have Been Entered								
<input type="text"/>	<input type="text"/>	Favorites <input type="button" value="v"/> <div>-- Select Service -- Albany EMS Inc Ashley VFD Inc IU Health Bedford Em... LaPorte County EMS St Vincent Dunn Hosp...</div>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable <input type="button" value="v"/>
Tube Thoracostomy:	Not Applicable <input type="button" value="v"/>	d:	Not Applicable <input type="button" value="v"/>	Medications: <div><div></div><div>Add Medication</div></div>				
Needle Thoracostomy:	Not Applicable <input type="button" value="v"/>	t:	Not Applicable <input type="button" value="v"/>					
Fluids:	Not Applicable <input type="button" value="v"/>	n:	Not Applicable <input type="button" value="v"/>					
EMS Status:	Not Applicable <input type="button" value="v"/>							

Add EMS Run

Search EMS Run

\* Please Click On  To Add/Edit PreHospital Vitals

\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

Back

Save

Save and Continue

# Pre-Hospital Screen – EMS Service (2)

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode
<input type="text"/>	<input type="text"/>	Favorites <input type="button" value="v"/> -- Select Service -- <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable <input type="button" value="v"/>
No EMS Runs Have Been Entered								

Tube Thoracostomy: Not Applicable

Needle Thoracostomy: Not Applicable

Fluids: Not Applicable


EMS Status: Not Applicable

CPR Performed:

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications:

\* Please Click On  To Add/Edit PreHospital Vitals

\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time



# Pre-Hospital Screen – EMS Lookup

Impacted Center Front  
Center Rear

### EMS Lookup

State: IN  
County: Adams  
City:  
Postal Code:  
Service Name: begins with  
Provider Number: begins with

Search Clear Exit

State	City	Provider #	Service Name
IN	Decatur	0078	Adams County EMS
IN	Adams (County)	1091	Bippus FD
IN	Decatur	0854	Decatur FD
IN	Geneva	0850	Geneva VFD
IN	Adams (County)	0551	Lauramie Township EMS (Clarks Hill)
IN	Monroe	0853	Monroe VFD
IN	Preble	0859	Preble Volunteer Fire Fighting Association Inc

1-7 of 7

Close

# Pre-Hospital Screen – Medications

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode
<input type="text"/>	<input type="text"/>	Favorites <input type="button" value="v"/> -- Select Service -- <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable <input type="button" value="v"/>
No EMS Runs Have Been Entered								

Tube Thoracostomy: Not Applicable

Needle Thoracostomy: Not Applicable

Fluids: Not Applicable


EMS Status: Not Applicable

CPR Performed:

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications:

\* Please Click On  To Add/Edit PreHospital Vitals

\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Add Drugs

Impacted Center Front  
Center Rear

## Add Drugs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> ACLS drugs	<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Pelvic wrap
<input type="checkbox"/> Adenosine	<input type="checkbox"/> Flagyl (Metronidazole)	<input type="checkbox"/> Pentothal (Thiopental)
<input type="checkbox"/> Albuterol	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> Pepcid (Famotidine)
<input type="checkbox"/> Amiodarone	<input type="checkbox"/> Geodon (Ziprasidone)	<input type="checkbox"/> Pericardiocentesis
<input type="checkbox"/> Ancef (Cefazolin)	<input type="checkbox"/> Glucagon	<input type="checkbox"/> Phenergan (Promethazine)
<input type="checkbox"/> Anectine (Succinylcholine)	<input type="checkbox"/> Haldol (Haloperidol)	<input type="checkbox"/> Phenobarbital
<input type="checkbox"/> Antibiotic	<input type="checkbox"/> Heparin	<input type="checkbox"/> Phytonadione (Vitamin K)
<input type="checkbox"/> Aspirin (ASA)	<input type="checkbox"/> Inderal (Propranolol)	<input type="checkbox"/> Prasugrel
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/> Insulin	<input type="checkbox"/> Procainamide
<input type="checkbox"/> Atracurium	<input type="checkbox"/> Isuprel (Isoproterenol)	<input type="checkbox"/> Propofol
<input type="checkbox"/> Atropine	<input type="checkbox"/> Lasix (Furosemide)	<input type="checkbox"/> Protonix (Pantoprazole)
<input type="checkbox"/> Atrovent (Ipratropium)	<input type="checkbox"/> Levaquin (Levofloxacin)	<input type="checkbox"/> Rapid Sequence Induction
<input type="checkbox"/> Benadryl (Diphenhydramine)	<input type="checkbox"/> Levophed (Norepinephrine)	<input type="checkbox"/> Reglan (Metoclopramide)
<input type="checkbox"/> Bretylium	<input type="checkbox"/> Lidocaine	<input type="checkbox"/> Rocephin (Ceftriaxone)
<input type="checkbox"/> Calcium chloride	<input type="checkbox"/> Lovenox (Enoxaparin)	<input type="checkbox"/> Sodium bicarbonate
<input type="checkbox"/> Cardizem (Diltiazem)	<input type="checkbox"/> Magnesium Sulfate	<input type="checkbox"/> Sodium nitroprusside
<input type="checkbox"/> Cerebyx (Fosphenytoin)	<input type="checkbox"/> Mannitol	<input type="checkbox"/> Tetanus (TT, DT, or DPT)
<input type="checkbox"/> Chest tube	<input type="checkbox"/> Methylprednisolone	<input type="checkbox"/> Thiamine (Vitamin B1)

# Pre-Hospital Screen – Add EMS Run

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode
<input type="text"/>	<input type="text"/>	Favorites <input type="button" value="v"/> -- Select Service -- <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Not Applicable <input type="button" value="v"/>
No EMS Runs Have Been Entered								

Tube Thoracostomy: Not Applicable

Needle Thoracostomy: Not Applicable

Fluids: Not Applicable


EMS Status: Not Applicable

CPR Performed:

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications:

\* Please Click On  To Add/Edit PreHospital Vitals

\* Unit Notified Date is required in order to save Unit Notified Time, Arrive Scene Time or Leave Scene Time

# Pre-Hospital Screen – Add or Edit Vitals

**Arrival Information**

Run Number	EMS PCR Number	Service	EMS Dispatch Date	Time	Arrival Time at Scene	Unit Departure Time	Arrive Hospital	Transport Mode
								Not Applicable
CPR Performed: Not Applicable		Airway Management: Not Applicable		Tube Thoracostomy: Not Applicable		Needle Thoracostomy: Not Applicable		
Response Time:		Scene Time:		Transport Time:		Destination Determination: Not Applicable		
Fluids: Not Applicable								
Medications:								
Eye.	Verbal	Motor	GCS Qualifiers	BP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2
								GCS
								RTS
								PTS

Run Number

EMS PCR Number

Service

Favorites

-- Select Service --

EMS Dispatch Date

Time

Arrival Time at Scene

Unit Departure Time

Arrive Hospital

Transport Mode

Not Applicable

Tube Thoracostomy: Not Applicable

Needle Thoracostomy: Not Applicable

Fluids: Not Applicable

EMS Status: Not Applicable

CPR Performed: Not Applicable

Airway Management: Not Applicable

Destination Determination: Not Applicable

Medications:

Add Medication

Add EMS Run

Search EMS Run

Back

Save

Save and Continue

# Referring Hospital Screen – Add Referring Hospital

Transported to referring facility by		Not Applicable	
Referring Hospital		Arrival Date	Time
Favorites		Discharge Date	
-- Please Select Facility Name --		Time	
Glasgow Eye		Physician Name	
Not Applicable			
Glasgow Verbal	Not Applicable	Patient's Age is over 2 yrs.	
Glasgow Motor	Not Applicable	Patient's Age is over 2 yrs.	
GCS Qualifier	Not Applicable		
Patient Chemically Sedated			
Obstruction To The Patient Eye			
Patient Intubated			
Hospital ICU	Not Applicable	Arteriogram	Not Applicable
Hospital OR	Not Applicable	Airway Management	Not Applicable
CPR Performed	Not Applicable	Destination Determination	Not Applicable
CT Head	Not Applicable	Medications:	
CT Cervical	Not Applicable	Add	
CT Abd/Pelvis	Not Applicable		
CT Chest	Not Applicable		
Abdominal Ultrasound	Not Applicable		
Aortogram	Not Applicable		

Add Referring Hospital

Back

Save

Save and Continue

# Referring Hospital Screen – Add Referring Hospital (2)

Referring Hospital				Arrival Date Time		Discharge Date Time		Length of Stay		Physician Name			
Transported to referring facility by: Not Applicable				CPR Performed: Not Applicable		Airway Management: Not Applicable		Medical Record Number:		Destination Determination: Not Applicable			
Medications:													
Eye	Verbal	Motor	GCS Qualifier	SBP	DBP	Pulse Rate	Resp. Rate	Resp.Assistance	SpO2	GCS	RTS	PTS	
Not Applicable	Not Applicable	Not Applicable	Not Applicable					Not Applicable					
Hospital ICU		Hospital OR		CT Head		CT Abd/Pelvis		CT Chest		CT Cervical		Abdominal Ultrasound	
Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable		Not Applicable	
Aortogram		Arteriogram											
Not Applicable		Not Applicable											

Transported to referring facility by

Referring Hospital  -- Please Select Facility Name --

Arrival Date Time

Discharge Date Time

Physician Name

# ED / Acute Care Screen – Level of Trauma Team Activated

**▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116**Mark As Complete

Validity: 33%  
Status: In Progress  
Lock: Unlocked  
Import Status: Typed In  
Entered: 08/13/12 by Derek Zollinger

Trauma Registry #: IT-120813-116  
Patient: ,  
Medical Record Number:  
NTR Inclusion: No  
Updated: 08/13/12 by Derek Zollinger

**ED / Acute Care**

Direct Admit to Hospital: Not Applicable

Date Arrived in ED/Acute Care:  ED/Hospital Arrival Time:

☐ Not Activated  
☒ Level 1  
☐ Level 2  
☐ Level 3  
☐ Level 4

Trauma Team Activated?  
☐ Not Known / Not Recorded

Date Trauma Team Activated:  Time:  (HH:mm)

Team Member	Service Type	Date Called	Time Called	Date Arrived	Time Arrived	Timely Arrival
No Staff Entered						
- Select One -	Not Applicable	11/14/2013	<input type="text"/>	11/14/2013	<input type="text"/>	N/A

Add Staff

\*=Required

Admitting MD/Staff: - Admitting MD/Staff -

Admitting Service: Not Applicable

Consulting Services: Not Applicable

Date Discharged from ED:  Discharge Time:

Length of Stay:

ED Disposition: Not Applicable



# ED / Acute Care Screen – Add Staff

NTR Inclusion: No  
Included: 08/

## Add Staff

**Demographics**

Prefix:

First Name:

Middle Name:

Last Name:


Suffix:



**Employment**

Physician Number:

Service Type:

Service Type will autofill on the Patient Care Staff grids

Position:  Add a Position

 Save  Close

# ED / Acute Care Screen – Level of Trauma Team Activated (2)

**▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116**Mark As Complete

Validity: 33%  
Status: In Progress  
Lock: Unlocked  
Import Status: Typed In  
Entered: 08/13/12 by Derek Zollinger

Trauma Registry #: IT-120813-116  
Patient: ,  
Medical Record Number:  
NTR Inclusion: No  
Updated: 08/13/12 by Derek Zollinger

**ED / Acute Care**

Direct Admit to Hospital: Not Applicable

Date Arrived in ED/Acute Care:   ED/Hospital Arrival Time:  \*

Trauma Team Activated?  
☐ Not Activated  
☒ Level 1  
☐ Level 2  
☐ Level 3  
☐ Level 4  
☐ Not Known / Not Recorded

Date Trauma Team Activated:   Time:  (HH:mm)

Team Member	Service Type	Date Called	Time Called	Date Arrived	Time Arrived	Timely Arrival
No Staff Entered						
- Select One -	Not Applicable	11/14/2013	<input type="text"/>	11/14/2013	<input type="text"/>	N/A

Add Staff

\*=Required

Admitting MD/Staff: - Admitting MD/Staff -

Admitting Service: Not Applicable

Consulting Services: Not Applicable

Date Discharged from ED:  \*

Discharge Time:  \*

Length of Stay:

ED Disposition: Not Applicable \*



# ED / Acute Care Screen – ED Discharge Disposition

## ▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Validity: 33%

Status: In Progress

Lock: Unlocked ▼

Import Status: Typed In

Entered: 08/13/12 by Derek Zollinger

Trauma Registry #: IT-120813-116

Patient: ,


Medical Record Number:

NTR Inclusion: No


Updated: 08/13/12 by Derek Zollinger

### ED / Acute Care

Direct Admit to Hospital: Not Applicable ▼

Date Arrived in ED/Acute Care   ED/Hosp

Trauma Team Activated? ☒ Not Activated ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4  
☐ Not Known / Not Recorded

Admitting MD/Staff: - Admitting MD/Staff - ▼ 

Admitting Service: Not Applicable ▼

Consulting Services: Yes

Date Discharged from ED:   \* Discharge Time:  \*

Length of Stay:

ED Disposition:

Signs of Life:

Died / Expired ▼ \*

Not Applicable ▼ \*

Consulting Service Type	Consulting Staff
No Consulting Service Has Been Added	

Not Applicable ▼ --Select One--

Add Consulting Service

# ED / Acute Care Screen – ED Discharge Disposition (2)

▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

---

Validity: 33%  
Status: In Progress  
Lock: Unlocked ▼  
Import Status: Typed In  
Entered: 08/13/12 by Derek Zollinger

Trauma Registry #: IT-1  
Patient: ,  
Medical Record Number:  
NTR Inclusion: No  
Updated: 08/1


---

### ED / Acute Care

Direct Admit to Hospital: Not Applicable ▼


Date Arrived in ED/Acute Care:

Trauma Team Activated? ☒ Not Activated ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4  
☐ Not Known / Not Recorded

Admitting MD/Staff: - Admitting MD/Staff - ▼ 

Admitting Service: Not Applicable ▼

Consulting Services: Yes

Date Discharged from ED:   \* Discharge Time:  \*

Length of Stay:

ED Disposition: Operating room ▼ \*

OR Discharge Disposition: Not Applicable ▼

Consulting Service Type: Not Applicable ▼ --Select C

[Add Consulting](#)

# ED / Acute Care Screen – ED Discharge Disposition (3)

Demographics	Injury	Pre-Hospital	Referring	ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity
--------------	--------	--------------	-----------	-----------------	--------------------	-----------	-------------

**▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116**

Validity: 33%  
Status: In Progress  
Lock: Unlocked  
Import Status: Typed In  
Entered: 08/13/12 by Derek Zollinger

Trauma Registry  
Patient  
Medical Record Number  
NTR Inclusion  
Update

**ED / Acute Care**

Direct Admit to Hospital: Not Applicable

Date Arrived in ED/Acute Care

Trauma Team Activated?  
☒ Not Activated  
☐ Not Known / Not Recorded

☐ Level 1  
☐ Level 2  
☐ Level 3  
☐ Level 4

Admitting MD/Staff: - Admitting MD/Staff -

Admitting Service: Not Applicable

Consulting Services: Yes

Date Discharged from ED:

Discharge Time:

Length of Stay:

ED Disposition: Transferred to another hospital

Consulting Service Type: Not Applicable

Date of Decision to Transfer:

Time of Decision to Transfer:

Transfer Delay: No

Add Consultation



# ED / Acute Care Screen – ED Discharge Disposition (4)

## ▼ Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Validity: 33%

Status: In Progress

Lock: Unlocked ▼

Import Status: Typed In


Entered: 08/13/12 by Derek Zollinger

### ED / Acute Care

Direct Admit to Hospital: Not Applicable ▼

Date Arrived in

Trauma Team Activated? ☒ Not Activated ☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4  
☐ Not Known / Not Recorded

Admitting MD/Staff: - Admitting MD/Staff - ▼ 

Admitting Service: Not Applicable ▼

Consulting

Date Discharged from ED:   \* Discharge Time:  \*

Consulting Service

Length of Stay:

ED Disposition:

Transferred to another hospital ▼ \*

Date of Decision to Transfer:



Time of Decision to Transfer:

(HHmm)

Transfer Delay: Yes ▼

Reason for Transfer Delay:

Not Applicable ▼

Not Applicable

# Initial Assessment Screen – Vital Signs

## Vital Signs

Date/Time	BP	Pulse Rate	Resp Rate	SpO2	GCS	RTS	PTS	Temp
	120/60	100	80	95	12	6.6132		98.60°F

Vitals Date	<input type="text"/> Time <input type="text"/> (HHmm)	Temperature	Sys. BP	Dia. BP	Pulse Rate	Respiratory Rate	Oxygen Saturat
Glasgow Eye	Not Applicable	<input type="text"/> °C <input type="text"/> °F *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *	<input type="text"/> *
Glasgow Verbal	Not Applicable	Calc. GCS Manual GCS RTS	Supplemental Oxygen		Resp. Assistance		
Glasgow Motor	Not Applicable	<input type="text"/> *	Not Applicable		Not Applicable		
GCS Qualifier (Up to 3)	<div>Obstruction to the Patients Eye</div> <div>Patient Intubated</div> <div>Valid GCS: Patient was not sedated, not intubated, and did not have obstruction to the eye</div> <div>Not Known / Not Recorded</div>						

\* = will be automatically calculated if possible.

**Add Vital Sign** **Save Order** **Cancel**

Rx

CT

# Initial Assessment Screen – Lab

---

**Lab**

**Alcohol Use Indicator:**  \*

**Blood Alcohol Content:**  mg/dl

**Drug Use Indicator:**

Not Applicable

No (not tested)

No (confirmed by test)

Yes (confirmed by test [prescription drug])

 \*

**Base Deficit:**  meq/l

**Facility Defined Questions**

Is the patient wearing dentures

----Select One----

← Back



# Initial Assessment Screen – Lab (3)

pplicable		Date Sent To CT:		Time:		Abdominal Ultrasound:	Not Applicable
pplicable		Abdominal Ultrasound Date:		Time:		Arteriogram:	Not Applicable
pplicable						Aortogram:	Not Applicable
pplicable							

ntent:		Drug Use Indicator:	Not Applicable No (not tested) No (confirmed by test) Yes (confirmed by test [prescription drug])	Drug Screen:	Add Drug
mg/dl					

Save

Save and Continue

# Initial Assessment Screen – Add Drugs

ction to the eye [E]

## Add Drugs

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Antidepressants (including Tricyclics)	<input type="checkbox"/> Ethanol	<input type="checkbox"/> Opiates (including Propoxyphene)
<input type="checkbox"/> Barbiturate	<input type="checkbox"/> Marijuana (cannabis)	<input type="checkbox"/> PCP
<input type="checkbox"/> Benzodiaz	<input type="checkbox"/> Methamphetamines	<input type="checkbox"/> Not Known / Not Recorded

# Diagnosis Screen – Diagnosis List

Diagnosis List

ICD-9 Code	Diagnosis Name	AIS Code	AIS Description	AIS Version	ISS Region	Order
ICD-9 Code: <input type="text"/>	<input type="text"/> * <input type="button" value="ICD9 Lookup"/>			AIS 05 Code: <input type="text"/>	<input type="text"/> <input type="button" value="AIS Lookup"/>	
<input type="button" value="Add Diagnosis"/> <input type="button" value="Save Order"/>						

Injury-Related Scores

AIS Based Injury Severity Scores by Diagnosis

ISS Region	Head	Face	Chest	Abdomen	Extremity	External	ISS <input type="button" value="?"/>
Calculated	0	0	0	0	0	0	0
Manual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 0

Age: 0   RTS: 0

0% \*  
 Not Calculable

0% \*  
 Not Calculable

New Injury Severity Score: 0  
\* NISS is based on the diagnosis list entered above.


# Diagnosis Screen – ICD-9 Code Lookup

ICD-9 Code Lookup - Diagnosis


Trauma Registry #: TT-120813-116

Diagnosis - ICD-9 Code Lookup

Search By | Browse By | Top Selected | ICD-9  
Code | Category | Codes | MATCH

Click the  below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description	Frequency
959.01	Head Injury Unspec	1014
820.21	Intertrochanteric Fx Closed	877
820.8	Fx Neck Femur Unspec Closed	772
920	Contusion Face/scalp/nck	762
873.0	Open Wound Scalp	587
805.4	Fx Lumbar Vertebra Closed	391
820.09	Fx Femur Intrcaps Oth	386
873.42	Open Wound Forehead	349
808.2	Fx Pubis Closed	335
805.2	Fx Dorsal Vertebra Closed	312
861.21	Lung Contusion Closed	299
922.1	Contusion Chest Wall	283
847.0	Sprain Neck	280
959.09	Injury Face/neck	247
802.0	Nasal Bone Fx Closed	246
860.0	Traumat Pneumothorax Clos	243

 Close

# Diagnosis Screen – ICD-9 Code Lookup (2)

33% In U Typ 08/ Trauma Registry #: IT-120813-116

## ICD-9 Code Lookup - Diagnosis

### Diagnosis - ICD-9 Code Lookup

Search By	Browse By	Top Selected	ICD-9
Code	Category	Codes	MATCH

To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below.

#### Search By Code

ICD-9 Code:	<input type="text"/>
Code Type:	Injury <input type="button" value="v"/>
Description:	contains any <input type="button" value="v"/> <input type="text"/>

# Diagnosis Screen – ICD-9 Code Lookup (3)

33%  
In  
U  
Typ  
08  
ed  
s b  
e  
cal  
cal  
re.

Trauma Registry #: IT-120813-116

## ICD-9 Code Lookup - Diagnosis

### Diagnosis - ICD-9 Code Lookup

Search By	Browse By	Top Selected	ICD-9
Code	Category	Codes	MATCH

To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.

#### ICD-9 Diagnosis

Injury And Poisoning

-- Please Select --

# Diagnosis Screen – ICD-9 Code Lookup (4)

33% In U Typ Des ed is s b ce

Trauma Registry #: IT-120813-116

### ICD-9 Code Lookup - Diagnosis


Diagnosis - ICD-9 Code Lookup


Search By  
Code


Browse By  
Category

Top Selected  
Codes

ICD-9  
MATCH

Click the  below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description
 No ICD-9 Code found for that criteria.	
1-0 of 0	

 Close

ger  
Orc  
Calc  
Calc  
ve.



# Diagnosis Screen – Diagnosis List (2)

**Diagnosis List**

ICD-9 Code	Diagnosis Name	AIS Code	AIS Description	AIS Version	ISS Region	Order
800.01	Closed Skull Vault Fx W/o Coma	150000.2	Skull fracture NFS	05	Head	1

ICD-9 Code:  \* [ICD9 Lookup](#)

AIS 05 Code:  [AIS Lookup](#)

[Add Diagnosis](#) [Save Order](#)

**Injury-Related Scores**

Age: 0    RTS: 0

Probability of Survival:  % \*  
Not Calculable

Manual Probability of Survival:  0% \*  
Not Calculable

New Injury Severity Score: 4  
\* NISS is based on the diagnosis list entered above.

AIS Based Injury Severity Scores by Diagnosis





ISS Region	Head	Face	Chest	Abdomen	Extremity	External	ISS
Calculated	2	0	0	0	0	0	4
Manual	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


[Save](#) [Save and Continue](#)




# Diagnosis Screen – AIS Code Lookup

Below are AIS Codes previously used for the ICD-9 Code specified in the incident form. Click the desired AIS code to populate the Incident Form.





Historical Data  Search Codes  Browse Codes  AIS Matches 

AIS 05	Frequency	Description
 No AIS Code found for that criteria.		


 Close

# Diagnosis Screen – AIS Code Lookup (2)

To search for an AIS Code, select desired region or any other criteria and click on the 'Search' button. Click the desired AIS code to populate the Incident Form.

Historical Data  Search Codes  Browse Codes  AIS Matches 

AIS05 Code:

Description:  

# Diagnosis Screen – AIS Code Lookup (3)

To browse the AIS Codes below, select the plus icon to open an item and the minus icon to close it. Click the desired AIS code to populate the Incident Form.

Historical Data Search Codes Browse Codes AIS Matches

- Head (cranium and brain)
- Face (includes Eye and Ear)
- Neck
- Thorax
- Abdomen
- External (Skin) and Thermal Injuries
- Other Trauma
- Spine
- Extremity
- Cerebrum NFS, Hematoma (hemorrhage)  
NFS,Hematoma subdural NFS
- 
- 
- 
- 
- 
- 
- 

AIS 98 Code: N/A  
AIS 05 Code: N/A  
Description: No description available.  
Detailed Description: No detailed description available.

Close

# Diagnosis Screen – AIS Code Lookup (4)

Below are AIS Codes that are possible match to the ICD-9 Code specified in the incident form. Click the desired AIS code to populate the Incident Form.

Historical Data	Search Codes	Browse Codes	AIS Matches
-----------------	--------------	--------------	-------------

AIS 05	Description
⚠ No AIS Code found for that criteria.	

Close

# Procedures Screen – Procedures (2)

---

**Procedures**

**Procedure Performed** Yes

ICD-9 Code	Location	Date Started	Time	Staff	Service Type
No Procedures Have Been Entered					
ICD-9 Code: <input type="text"/> * * <input type="button" value="Lookup"/>	Not Applicable <input type="button" value="v"/>	<input type="text"/>	<input type="text"/> * *	- Select One - <input type="button" value="v"/>	Not Applicable <input type="button" value="v"/>
Comments: <input type="text"/>					
<input type="button" value="Add Procedure"/> <input type="button" value="Save Order"/>					

**Resource Utilization**

Resource
No Resources Have Been Entered
<input type="button" value="Add Resource"/>



# Procedures Screen – ICD-9 Code Lookup

Form (Full Record) » IT-120813-116

### ICD-9 Code Lookup - Procedure

Procedure - ICD-9 Code Lookup

Search By Code | Browse By Category | Top Selected Codes

To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.

**ICD-9 Procedure**

-- Please Select --

# Procedures Screen – ICD-9 Code Lookup (2)

Form (Full Record) » IT-120813-116

### ICD-9 Code Lookup - Procedure

Procedure - ICD-9 Code Lookup

[Search By Code](#) [Browse By Category](#) [Top Selected Codes](#)

To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below.

**Search By Code**

ICD-9 Code:

Description: contains any


# Procedures Screen – ICD-9 Code Lookup (3)

Form (Full Record) » IT-120813-116


### ICD-9 Code Lookup - Procedure

Procedure - ICD-9 Code Lookup

Search By ☐ Code | Browse By ☐ Category | ☒ Top Selected Codes

Click the  below to view a detailed description. Click on a description to insert the ICD-9 code into the underlying form.

Code	Description	Frequency
89.01	Brief Interview & Evaluation	1808
99.29	Inject/infuse Nec	1621
87.03	Cat Scan Head	1537
88.26	Skel X-Ray-Pelvis/hip Nec	1110
88.38	Other Cat Scan	976
38.93	Venous Cath Nec	975
89.52	Electrocardiogram	964
87.49	Chest X-Ray Nec	925
86.59	Skin Closure Nec	837
87.44	Routine Chest X-Ray	731
88.27	Skel X-Ray-Thigh/knee/leg	693
93.54	Application Splint	598
88.23	Skel X-Ray-Wrist & Hand	473
88.01	Cat Scan Abdomen	452
88.21	SKEL X-RAY-SHOULDER/UP ARM	439
99.04	Delayed Cell Transfusion	428

 Close




# Procedures Screen – Resource Utilization

---

**Procedures**

**Procedure Performed** Yes

ICD-9 Code	Location	Date Started	Time	Staff	Service Type
No Procedures Have Been Entered					
ICD-9 Code: <input type="text"/> ** <input type="button" value="Lookup"/>	<input type="text"/> Not Applicable <input type="button" value="v"/>	<input type="text"/>	<input type="text"/> ** <input type="button" value="v"/>	<input type="text"/> - Select One - <input type="button" value="v"/> 	<input type="text"/> Not Applicable <input type="button" value="v"/>
Comments: <div></div>					
<input type="button" value="Add Procedure"/> <input type="button" value="Save Order"/>					

**Resource Utilization**

Resource
No Resources Have Been Entered
<input type="button" value="Add Resource"/>



# Procedures Screen – Resource Utilization

Updated: 08/13/11

### Add Resources

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 1 2 3 4 5 6 7 8 9 All

Search:

Description		
<input type="checkbox"/> Adult Protective Service	<input type="checkbox"/> Massive Blood Transfusion	<input type="checkbox"/> TLSO Brace
<input type="checkbox"/> Bi-Pap	<input type="checkbox"/> Miami J collar	<input type="checkbox"/> Total Parenteral Nutrition (TPN)
<input type="checkbox"/> Case Management	<input type="checkbox"/> MRI	<input type="checkbox"/> Traction
<input type="checkbox"/> Cerebral Brain Flow Studies	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Transfusion of FFP
<input type="checkbox"/> Child Protective Service	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Transfusion Of Platelets
<input type="checkbox"/> CRRT	<input type="checkbox"/> Pentobarbital Coma	<input type="checkbox"/> Transfusion of PRBC
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Peripheral Parenteral Nutrition (PPN)	<input type="checkbox"/> Tube Feeding
<input type="checkbox"/> Epidural Catheter	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Uncrossmatched Blood
<input type="checkbox"/> Exceeds LOS	<input type="checkbox"/> PICC line	<input type="checkbox"/> Vaccine Post-Splenectomy
<input type="checkbox"/> Factor VIIa (Novoseven)	<input type="checkbox"/> PRISMA (CVVHD)	<input type="checkbox"/> Venous Doppler
<input type="checkbox"/> High dose methylprednisolone	<input type="checkbox"/> Respiratory Therapy	<input type="checkbox"/> Wound Care RN
<input type="checkbox"/> Hypertonic Saline	<input type="checkbox"/> RN accompanied transfer	<input type="checkbox"/> Wound Vacuum
<input type="checkbox"/> Level-1 Blood/Fluid Warmer	<input type="checkbox"/> Specialized Bed	<input type="checkbox"/> Not Known / Not Recorded
<input type="checkbox"/> LiCox Monitor	<input type="checkbox"/> Speech Therapy	

Add Resource

# Complication Screen – Complications

Demographics

Injury

Pre-Hospital

Referring

ED / Acute Care

Initial Assessment

Diagnosis

Comorbidity

Procedures

Complications / PI

Out

► Edit Incident » Trauma Incident Form (Full Record) » IT-120813-116

Mark As Co

⚠ Complications / PI has not been submitted.

Complications

Complication ^

Status

Occurrence Date

PR Date

Corrective Action

No Complications Have Been Entered

Complication

Cardiovascular

Select Complication

Status: ☒ Open ☐ Closed

Occurrence Date:

Location Of Occurrence: - Location Of Occurrence -

Complication Staff Involved: Adams, Doctor  
Anderson, Mark  
Asher, Greg, MD, Dr.  
brandenburg, chris  
Buerke, John, md, Dr.

PR Date

Corrective Action: Not Applicable

Determination: ☐ Disease-Related  
☐ Procedure-Related  
☐ Provider-Related  
☐ System-Related  
☐ Cannot Be Determined

Further Explanation/Action:

Preventability: Not Applicable

Judgment: Not Applicable

+ Add Complication

Additional Notes

Staff: - Staff -

Note:

Source: Autopsy

Type: Action Plan


Group: Neuro


# Complications / PI Screen – Corrective Action

**Complications**


Complication ^	Status	Occurrence Date	PR Date	Corrective Action
No Complications Have Been Entered				


**Complication**

Cardiovascular  \*


Select Complication  \*


**Status:** ☒ Open ☐ Closed


**Occurrence Date:**  

**Location Of Occurrence:** - Location Of Occurrence - 

**Complication Staff Involved:**


Adams, Doctor  
Anderson, Mark  
Asher, Greg, MD, Dr.  
brandenburg, chris  
Buerke, John, md, Dr. 


**PR Date**  

**Corrective Action:** Other 


**Determination:** ☐ Disease-Related  
☐ Procedure-Related  
☐ Provider-Related  
☐ System-Related  
☐ Cannot Be Determined

**Further Explanation/Action:**


**Preventability:** Not Applicable 


**Judgment:** Not Applicable 


**Additional Notes**


**Staff:** - Staff - 

**Note:**

**Source:** Autopsy 

**Type:** Action Plan 

**Group:** Neuro 

 Add Complication

# Outcome Screen – Financial Information

s | **Staff** | **Users** | **Setup** | **ED / Acute Care** | **Initial Assessment** | **Diagnosis** | **Comorbidity** | **Procedures** | **Complications / PI** | **Outcome**

-120813-116 ☒ Mark As Completed

**Financial Information**

**Primary Method of Payment:** Other  \* **Billed Hospital Charges:**  (without '\$' symbol) **Reimbursed Charges:**  (without '\$' symbol')

**Other Billing Source:**

**Secondary Method of Payment:** Not Applicable

**Third Method of Payment:** Not Applicable

**Work Related:** Not Applicable  \*

**Disposition**

**Hospital Discharge Disposition:** Not Applicable  \*

# Outcome Screen – Financial Information (2)

ts | **Staff** | **Users** | **Setup**

ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI | **Outcome**

[-120813-116] ☒ Mark As Completed

---

**Financial Information**

**Primary Method of Payment:** Other  \*  
**Billed Hospital Charges:**  (without '\$' symbol)  
**Reimbursed Charges:**  (without '\$' symbol')

**Other Billing Source:**

**Secondary Method of Payment:** Other   
**Secondary Other Billing Source:**

**Third Method of Payment:** Other   
**Third Other Billing Source:**

**Work Related:** Not Applicable  \*

**Disposition**

**Hospital Discharge Disposition:** Not Applicable  \*

# Outcome Screen – Work-Related

ts	Staff	Users	Setup
----	-------	-------	-------

ED / Acute Care	Initial Assessment	Diagnosis	Comorbidity	Procedures	Complications / PI	Outcome
-----------------	--------------------	-----------	-------------	------------	--------------------	---------

1-120813-116 ☒ Mark As Completed

### Financial Information

**Primary Method of Payment:**  \* **Billed Hospital Charges:**  (without '\$' symbol) **Reimbursed Charges:**  (without '\$' symbol)

**Secondary Method of Payment:**

**Third Method of Payment:**

**Work Related:**  \*

**Patient Occupational Industry:**  \* **Industry Description:**

**Occupation:**  \* **Occupation Description:**

### Disposition


**Hospital Discharge Disposition:**  \*

# Outcome Screen – Disposition

---

**Disposition**

Hospital Discharge Disposition: Expired

Date/Time Death Occurred:    (HHmm)

Death Circumstance: Not Applicable

Circumstances of Death:

Organ Donation: Not Applicable

Autopsy Performed: Not Applicable

Advanced Directive: Not Applicable

Location of Death: Not Applicable

 Save

 Save and Continue





# Outcome Screen – Disposition (2)

---

Hospital Length of Stay: Total ICU Days    Total Ventilator Days <input type="text"/> * <input type="text"/> *		<input type="text"/>  Third Method of Payment Other <input type="button" value="v"/> Third Other Billing Source: <input type="text"/>
--	--	--

<b>Disposition</b>	
Hospital Discharge Disposition: (acute care hospital) a short-term general hospita... <input type="button" value="v"/> *	
Destination Determination:	Not Applicable <input type="button" value="v"/>
Hospital Transferred To:	Favorites <input type="button" value="v"/> -- Select Hospital -- <input type="button" value="v"/>
Transport Mode:	Not Applicable <input type="button" value="v"/>

Indiana Patient Registry  
© 2010



# Outcome Screen – Disposition (3)

---

Hospital Length of Stay: Total ICU Days    Total Ventilator Days <input type="text"/> * <input type="text"/> *		<input type="text"/>  Third Method of Payment Other <input type="button" value="v"/> Third Other Billing Source: <input type="text"/> <input type="text"/>
--	--	--

<b>Disposition</b>	
Hospital Discharge Disposition: (acute care hospital) a short-term general hospita... <input type="button" value="v"/> *	
Destination Determination: Not Applicable <input type="button" value="v"/>	
Hospital Transferred To: Other... <input type="button" value="v"/>	
Facility: <input type="text"/>	
City: <input type="text"/>	
State: --Select State-- <input type="button" value="v"/>	
Transport Mode: Not Applicable <input type="button" value="v"/>	

<input type="button" value="Back"/>	<input type="button" value="Save"/>	<input type="button" value="Save and Continue"/>
-------------------------------------	-------------------------------------	--



# Outcome Screen – Disposition (4)

---

Total ICU Days <input type="text"/> *		Total Ventilator Days <input type="text"/> *	
		Third Method of Payment Other <input type="text"/>	
		Third Other Billing Source: <input type="text"/>	

**Disposition**  
Hospital Discharge Disposition:  \*  
Hospital Transferred To:

Indiana Patient Registry  
© 2013 ImageTrend, Inc



# Outcome Screen – Mark As Completed

s | **Staff** | **Users** | **Setup** | **Outcome**

ED / Acute Care | Initial Assessment | Diagnosis | Comorbidity | Procedures | Complications / PI | Outcome

-120813-116 ☒ Mark As Completed

**Financial Information**

Primary Method of Payment: Other \* Billed Hospital Charges: (without '\$' symbol) Reimbursed Charges: (without '\$' symbol)

Other Billing Source:

Secondary Method of Payment: Not Applicable

Third Method of Payment: Not Applicable

Work Related: Not Applicable \*

**Disposition**

Hospital Discharge Disposition: Not Applicable \*

# Outcome Screen – Mark As Completed (2)

na [US] <https://indianatrauma.isdh.in.gov/facility/incidents/edit.cfm?cs=B5C22C9605DA202F87E8D1EF44D8F230&incidentid=1524828&a>

Report Writer More ▾

**END**

Dashboard Incident

Pre-Hospital Referring

Incident Form (Full Record) » I

Comorbidity Procedures Complications / PI

Mark As

Welcome, Katherine Gatz Logout

Imag

The page at <https://indianatrauma.isdh.in.gov> says:

Are you sure you want to mark this run as completed? Doing so will turn on field level audit tracking. This will also result in the call being LOCKED.

OK Cancel

mitted.

## Financial Information

Primary Method of Payment:

Not Applicable ▾ \*

Billed Hospital Charges:

(without '\$' symbol)

Reimbursed Charges:

(without '\$' symbol)

Secondary Method of Payment: